(X6) DATE

If continuation sheet 1 of 1

IDENTIFICATION NUMBER: TN3202 A. BUILDING B. WING COMPLETED	Division	of Health Care Fac	ilities				FORM	APPROVE	
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOLVEST ECONOMY ROAD MORRISTOWN, TN. 37814 SUMMARY STATEMENT OF DEFICIENCES [EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG NOOD Initial Comments During a complaint investigation at Life Care Center of Morristown on January 28, 2011, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes. C/O: #27398	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER:		A. BUILDING		COMPLETED		
During a complaint investigation at Life Care Center of Murrising Homes. C/O: #27398 Complement of Murrising Homes Compl	NAME OF SECULO			STREET ADD	PESS CITY S	TATE 7/D CODE	01/2	01/28/2011	
N 000 Initial Comments During a complaint investigation at Life Care Center of Morristown on January 28, 2011, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes. C/O: #27398			RISTOWN	501 WEST	ECONOMY	ROAD			
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	N 000	During a complaint Center of Morristow deficiencies were ci Standards for Nursi C/O: #27398	n on January 28, 201 ted under 1200-8-6, ng Homes.	Care	N 000				
	ion of Use!	th Coas Facilities							

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

M2OK11